



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ENCUMBRANCE MEMO

TO: FINANCE

DATE:

FROM:

RE: PROJECT NAME:

PROJECT/AGREEMENT NO.:

CONTRACTOR/CONSULTANT:

CHANGE ORDER/AMEND. NO.:

DATED:

Encumber the attached:

- | | | |
|---|--|--|
| <input type="checkbox"/> Contract | <input type="checkbox"/> Agreement | <input type="checkbox"/> Letter of Authority |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Amendment | <input type="checkbox"/> Final Payment |
| <input type="checkbox"/> Extra Work Order | <input type="checkbox"/> Quantity Adjustment | |

Comments:

ENCUMBRANCE TRANSACTIONS REQUIRED				
Amount	Collocode	Program	Ledger Code	Account
TOTAL (Must agree with amount of document attached.)				

Approved by: _____ Date: _____